N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 791
1. PLACE OF DEATH	24
County Talkot County	Registration Dist. No. 2.90
Village or Citya & aston md	ND. Ome Ra ency Hos he talst, Ward death occurred in a horpital or institution, give its NAME (intend of street and number)
Langth of residence in city or town where death occurredyrs,mos	death occurred in a norpital of institution, give its 1/AIVIL/Quetead of street and number)
2. FULL NAME MOSE BEN	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	January 4 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	i lost saw hi ma alive on Sauce and It 1937 deeth is soid
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 1250 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Meningitis, (Fly?) 12-21-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at 11. Total time (years) 11. Total time	
this occupation (month and ) (C) spent in this occupation	Dther Contributary Canses of importance:
12. BIRTHPLACE (city or town)	Dingi Continues of Importance.
(State or country)	-
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of 12-28-3
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17, INFORMANT Puth asking	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 149 Uteshington St. Cambridge	<b>\$</b>
Place Colomb Wildle Date Com 9 1937	Menner of Injury
Con OHAD	Neture of Injury
19. UNDERTAKER CHANGE ST. J. J. C.	24. Was disease or injury in any way releted to occupetion of deceased?
1/5 03 Dell no 1	(Signed) M. D.
20. FILED 19.3 f TY f Registrar.	(Address) Sapto 2nd

If more blanks are needed, address State Registrar, 2415 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritismp 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	CERTIFICATE OF DEATH 792
1. PLACE OF DEATH	2030
County 101001 S 1 Y	Registration Dist No. 290
Village or City (STM)	No. / Wellackey Itaspital st., ward
Length of residence in city of town where death occurred yes	Heath occurred in a hospital matitution give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?
Alaran land	N
2. FULL NAME THE NAME TO PROJECT OF PROJECT	If U. S. Veteran, specify WAR
(a) Residence: No. 111 P. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH  (Month)  (Yelr)
5a. If married widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended daceased from
(or) WIFE of	22. THE REBY CERTIFY That I shanded daceased from
6. DATE OF BIRTH (month, day, and year) March 18, 1919	I last saw h. ST alive on Julia 14-, 19.3.1; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 15% m.
1 ay,hrs	The PRINCIPAL CAUSE OF DEATH and releted chuses of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	O Style C.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	(2) huplich a Hadden
work was dona, as SILK MILL, SAW MILL, BANK, etc.	(1) Pacetote Resland ryona 12,
IO. Date deceased last worked at this occupation (month and year)	Devlusin thego roseg Re
12. BIRTHPLACE (city or town).	Other Contributory Causes of Importance:
E	Moral .
[ 14. BIRTHPLACE (ofty or town) (State or/obuntry)	What test confirmed diagnosis leuces fully Was there an autopsy? Les
I 15. MAIOEN NAME Mary U. Sand	23. If death was due to external causes (VIOL ENGE) fill in elso the following:
15. MAIDEN NAME MOULD , Sand  16. BIRTHPLACE (city or town)	Accident, swielde, or homicide? accident Date of Injury Jan 12 19 3
(Stata or country)	Where did injury occur? In tate hoof fred retails Trappo
17. INFORMANT John a. Canterelle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Inappe Mid	f
18. BURIAL, CREMATION, OR REMOVAL & Vid.	Manner of Injury rate rear by a bruse
Maria De Variana Colar	Nature of Injury 120 06 076
19. UNDERTAKER // allfulle ( further than 1994)	24. Was disease or injury In any way related to occupation of deceased?
(nuuress)	(Signed) M.D. Mobile M.D.
20. FILED 1931 PROGESTAR.	(Address) Doctor
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAUVI		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
s should t of OCCU	Village or City Zaslow Mid	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foralgn birth? yrs. mos. ds
TYSIC State	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
T REC. Y. PH.	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month) (Day) (Yaar)
BINDING PERMANEN EXACTI y classified.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Maggin Phristopher	22. 1 HEREBY CERTIFY. Thet i attended daceasad from 1935 to 1027 1937
FOR BIN IS A PERI stated E X properly cl	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  if LESS than  1 day,hrs.  ormin.	to have occurred on the deta steted abova, at \$100 m.  The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  Date of once
RESERVED G INK—THIS GE should be that it may be one on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  1D. Data dacaasad last worked at this occupetion (month and yaar) yaar)  11. Total time (years) spent in this occupation	Carcinon of roofhagus 1935
MARGIN NFADIN supplied. A in terms, so	12. BIRTHPLACE (city or town)  (State or equatry)  13. NAME  14. BIRTHPLACE (city or town)	Dither Contributory Causes of Importance:  Neme of operation
LY, WIT be carefully EATH in pli important.	15. MAIDEN NAME LEA MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT Maggin Classific floor	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury, 19
I) E s E s	18. BURIAL, CREMATION, OR REMOVAL Place Local Community Date 1/25-, 1927	Mannar of injury
V. S. No. 1  N. B.—WRITE mation s CAUSE TION is	19. UNDERTAKER Quesel Shere.  (Address) Esslow Single  20. FILED 1/25, 1937 N. Willerus	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signad)  M.
P 4	Registrar.  If more blonks ore needed, address Stote Registror,	(Address) Sanda Vida Vida Vida Vida Vida Vida Vida Vi

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 11 EAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	10000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20 X = 22 CHI
County Talbot	Registration Dist. No. 293
Village or City Mean Corclore	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?ms
2. FULL NAME Garrett for Rolling	If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colored loidour	(Month) (Oay) (Year)
5e. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. Thet I ettended deceased from.
(or) WIFE of Katty Colleges Deed	Mov. 25 19 36 10 Mov. 25 1936
6. DATE OF BIRTH (month, day, and year) 2/2//33	i last saw h saw aliva on Nov. 25, 1936; deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
8.3   1   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importenca were es follows:
8. Treda, profession, or perticular	erebral hemorrhage gor 128
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	I Smilily Jam 2011
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked et this occupation (month and	Chromic Myscarditio 1930
10. Date deceesed last worked et 11. Total time (yaars)	(A
this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stata or country)	
13. NAME Farrison Collins	
13. NAME TANKS Colleges 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME ANTILLA CALLER (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Stata or dountry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTALLIES of Y Collins	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION, OR REMOVAL	
Place Least Date 1/23 1937	Manner of injury
0.11	Nature of Injury
19. UNOERTAKER ALLER COMMENTS (MANUELLE MANUELLE	24. Was diseese or injury in any way related to occupetion of deceased?
	if so, specify  (Signed) 1: Paymam M. D.
20. FILEO 12/2, 19.37. J. L. Hardun	man & + om
	2411 N. Charles Street, Baltimore, Requesting "U. S. No. z.

M () 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFB 2 1931	July 5,1927	Peritonitis	3 days ago
RUNEAU V. S. J.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

D. Every item of infor-

-	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	
1.	PLACE OF DEATH	10		(159)	0.00
	County Jalva	10	ounty	Registration Dist. No.	2,40
	Village or City Sasl	on	mal	No. Omera ency Hospat.	Ward
ante a	Length of disidence in city or town where de	eath occurred	(ir wosmos	death occurred in a hospital or institution, give its NAME instead of street and death of the death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in the deat	number)
-0	FULL NAME Balry	0 10 1000		If U. S. Veteran, specify WAR	
		M Later	Class	St. Ward. VV &	
	(a) Residence: No.	(Usual place	of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	EX 4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	
N	TALE Black.	OK DIVORCE	D ( Wile Hill World)	(Month) (Day)	, 193 (ear)
5a.	If married, widowad, or divorced HUSBAND of			22. 1 HEREBY CERTIFY. That I attended	off or a
	(or) WIFE of	V		27 ()	- 1
6.0	ATE OF BIRTH (month, day, and year)	. 11-19:	2 7	I last saw h.i. by alive on	
7. A		Days	If LESS than	to have occurred on the date stated above, at	,
		t	1 day,3_hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance wera as follows:	
z	8. Trade, profassion, or particular		, , , , , , , , , , , , , , , , , , , ,	/	Data of onset
5	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.			Semature Birth	1-14-3
OCCUPATION	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc				
ö	10. Date daceasad last worked at this occupation (month and year)	11. Total i	tima (yaars) ent in this upation		
	6 4		upation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) Gasha (State or country)	marulan	2		
ER	13. NAME Edward Jame	S. En	nalls,		
FATHER	14. BIRTHPLACE (city or town)	nchosto	in Co	Name of operation Date of	-
-	(Stata or country)	Mary	land.	What test confirmed diagnosis? Was thera an a	autopsy?Aay
MOTHER	15. MAIDEN NAME Goldie Ma	vie !	Cappell	23. If death was due to external causes (VIOLENCE) fill in also the following	3:
0	16. BIRTHPLACE (city or town)	ttma.	n	Accident, sulcide, or homicide?	, 19
Σ	(State or country)	aryla	ud	Whara did Injury occur? (Specify city or town, county and Sta	
17.	INFORMANT Goldie Mari	man	apper	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR BEMOVAL	1		Manner of injury	
	Place Genergency Hosper	Date Dur	1, 19.37	Nature of injury	
19	UNDERTAKER & Manager	een	Host, to	1/24. Was disease or injury in any way related to occupation of deceasad?	
	(Addrass) Con alle	v. Mi	2,	If so, specify	
20.	FILED 1/12 1937 71	JY Y	leerie.	(Signad)	M. D.
1			Registrar	(Addrace) Sector Line	6

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFB 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGA	-11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		N. C.	

FOR BINDING

ARGIN RESERVED

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	DERTH TOXIL OF BEATTI
County Salbot	Registration Dist. No. 290
Village or City Gaston (II	death occurred in a perpital of institution frive its NAME instead of street and number)
-	How long in V. S. If of foreign birth?
2. FULL NAME Many Jumps WWW	If U. S. Veteran, specify WAR
(a) Residence: No. Accordance Maryland A. (Usual place of abode)	Ward.   If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSDANO of (or) WIFE of	
(or) WIFE of Philip Corrugton	1 HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 23/1876	Wast saw h ew alive on Gasa 10 , 1937; daath is said
7. AGE Yaars Month Oays If LESS than	to have occurred on the date stated above, at Lo. Pm.
60 W 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were es follows: Oate of oneset
8. Trade, profassion, or particular kind of work dona, as SPINNER, House Work SAWYER, BDOKKEEPER, etc.	Inexpectablis, Chr. Mukum
kind of work dona, as SPINNER House Work SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the company of the c	
ID. Date deceased last worked at this occupation (month and 1813)	
Total out of Co	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	Then maria marcho loures lote 18139
II 13. NAME Wm. O. Jumb.	Mialita V
13. NAME Wm. C. remb 14. BIRTHPLACE (city or town) Apreliables Co (State or country)	Neme of operation upply like the of 1/10/37.  What test confirmed diagnosis? Civical Westhere an eulopsy? No
15. MAIDEN NAMECQUALETH Roid	23. If death wes due to externel ceuses (VIDLENCE) fill In elso the following:
16. BIRTHPLACE (city or toyn). Doralosta Co	Accident, suicide, or homicide?
E (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT heese Sexie Jump. (Addrass) Frederal June N.d.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, EDEMATION OF REMOVAL Place GOLD A RULE Market Data 1/3 , 1932	Manner of Injury
19. UNDERTAKER Transform & Son (Address) Dederaldburg Maryland	24. Was disaase or injury In any way ralated to occupation of decaasad?
20. FILED 1/12 , 133 7 NON: Merry Registrar.	(Signed) M. D. (Address)
If more blanks are needed, address State Registrar.	( ) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example I		Example II	
The principal cause of of importance were as f	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FFB 6 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
1				
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				CH THE TAIL

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 797
1. PLACE OF DEATH  County Talbot	Registration Dist. No. 990
Village Dr City Easton	ND. Comesquess Assertal St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os Sds. How long in U.S. II of foraign birth?yrsmosds.
2. FULL NAME James Naniels	If U. S. Veteran, specify WAR.
(a) Residence: No. Millington Md. P. A.	U. St., MW Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. StNGLE, MARRIED, WIDOWED, OR DIVORCED frurite the word)	21. DATE OF DEATH  (Month)  (Year)
a. If married, widowad, or divorced HUSBAND of	22.10 I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	Dec. 25 1936 to Lan. 2 1937
DATE OF BIRTH (month, day, end yaar) Nov. 15/1923	I last saw has a aliva on Jan 2 , 1937; daath Is said
. AGE Years Months Days If LESS than I day,hr:	THE PRINCIPAL CAUSE OF BEATH and rainted causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this securation (month and spant in this	
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Near Syndleuserl (State or portetry)	Other Contributory Causes of importance:
	- was
13. NAME Journes Daniels  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Spund 1 app Date of Doub
	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there are autopsy? Was there are autopsy?
15. MAIDEN NAME Slace le deut	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT (Atten) Jack (Address) Xe of Constant Off March (Address)	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Pleca Date 1/5- 1937	Adanner of injury
19. UNDERTAKER John a. Tolin Y Soc	24. Was diseasa or injury in any way related to occupation of deceased?
(Addiass) Millieglow md,	(Signed) M. D
Registrar.	(Address) 5 aster no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

9	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 wcek ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	- DIE
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING MLY, WITH N. B.-WRITE PL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County / albot	Registration Dist. No. 291
Village or City St Muchaelr	No. St, Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME (Elphina W Denni	
1+0 0 1	a west
(a) Residence: No. (Usual place of abode)	U. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  CONTRACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  Amarila	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. Thet I attended deceased from
(or) WIFE of Batman Dimin	22. NOW   HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) ang 8 1878	Hast sew h. er elive on Jack 7 19 deeth is said
7. AGE Years Months Deys II LESS than	to have occurred on the date stated above, at 3 a.m.
59 5 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or pertiaular	Date of one of
kind of work done, es SPINNER, House work	Carlinoma of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	SX
0 10. Oete deceased last worked et well 11. Total time (years)	Siomaen
this occupation (month and year) Alone 1956 spent in this occupation	
12. BIRTHPLACE (city or town) Hockersu	Other Contributory Causes of Importance:
(State or country)	
13. NAME Joseph Wilson	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Wes there en eulopsy?
# 15. MAIDEN NAME While Jawana Mant	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME (Use Jaurina Shant) 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete ef injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Deaton Depreson (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Menner of Injury
Place Dermett Sq. Paso Jan 10, 1937	Nature of injury
19. UNDERTAKER AN Manhail  (Address)	24. Wes disease er injury In eny wey releted to occupetion of deceesed? The
20. FILED Jan 8, 1937 John Howale Registrar.	(Signed) Address) DY Michaels M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 4 7027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MALERIAL V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 800
1. PLACE OF DEATH	23
Village or City Eurofou Bh Ille	Registration Dist. No.  No. 11  No. 11  Characteristic of the property of the
Length of residence in city or town where daath occurred	
2. FULL NAME bestarles H. Libs	Del
(a) Residence: No. Cleapel Easton Fin	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Whate Colored Market (write the word)	21. DATE OF DEATH  (Month)  (Bay)  (Wear)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Rula Welson	22. I HEREBY CERTIFY, That I attended deceased from  28. 1936, to Jan 1 ,1937
S. DATE OF BIRTH (month, day, and year) Way 14-1896	I last saw have alive on Jan 6 , 1937; death is said
7. AGE Yaars Months Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at \$30 Cm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Calcorer SAWYER, BOOKKEEPER, etc.	Tuberculoses, pul numary acute un 30
kind of work done, as SPINNER, SaWyer, BookKEPPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  11. Total time (years) this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12, BIRTHPLACE (city or town) Chapel (State or country) Talbot to Wid	Othar Contributory Canses of Importance:
13. NAME Engene Geboon	
14. BIRTHPLACE (city of town) Cleapel (State or country) Talled Co. Wild.	Name of operation Oate of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ligie Bell  16. BIRTHPLACE (city or town). Cleanell Jalbot 6	23. If death was due to axternal causas (VIOLENCE) fill in also the following: 20
16. BIRTHPLACE (city or town). Charles Salton (State or country)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVEL	
Piaca Chapel Zud Oats Jaw 9-, 19 3	Manner of injury
19. UNDERTAKER John D. Williams (Address) Buston Milliams	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 1-9, 19 39 N. News	(Signed) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass)

Da Stevenson.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person Part of the state who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addross)

1. PLACE OF DEATH

BINDING

RGIN RESERVED

20. FILED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service to the interest in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service to the interest in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service to the interest in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service to the interest in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service to the interest in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service to the interest in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service to the interest in answer to Question 9 and own home in answer

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MARAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(24)
county Talkat County	Registration Dist. No. 290
8 -+ 5 1	F 11. 4
Village or City of aston, /2 d.	No. omer a entery No. 1984, Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
Tength of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gertrude Sackett	If U. S. Veteran, specify WAR
(a) Residence: No. MATWAR MA	St., Ward,
(d) Residence. No. (Usua) place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  That a CK  Married	21. DATE OF DEATH
5a, If married, widowed, or divorced	(month) (bay) (really
HUSBAND OF Lieuman Herkel	22. I HEREBY CERTIFY. That I ettended deceased from  19 Dto JANKOR428 1937
6. DATE OF BIRTH (month, day, and year) Jule 16. 1878	i last saw her alive on JANUER 4 28 ,1937; death is said
7. AGE Years   Months /   Days   If LESS than	to heve occurred on the dete stated above, at 5
59 7 // 11 day,hrs.	THE PRINCIPLE CAUSE OF DEATH and I clased Gauses of Importance
8 Trade profession or particular	Were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Thusework' SAWYER, BOOKKEEPER, etc.	Bladdly time 6 mont
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and).  11. Total time (years) spent in this	Chronia Anterstatis neglistis 6 mg
SAW MILL, BANK, etc.	-
yeer)	Other Contributory Causes of importance:
12. BIRTHPLACE (city) or town)	
(State or country)	
13. NAME Jusiph Flibes	
14. BIRTHPLACE (city or fown)	Name of operation. Tallo Ton Date of 1130 131
(State of country)	What test confirmed diagnosis?  Was there an autopsy? 32
15. MAIDEN NAME Levera / Show '	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Levena / Show '  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Nud '	Where did Injury occur?
17. INFORMANT Herm we Hacker (Address) Mary del Wid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Maryder Mid Date Jan 31 19 24	Manner of injury
19. UNDERTAKER Ry B. Ralulingo.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Brillio buo md.	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH	-CERTIFICATE OF DEATH 803
County Jalbot	Registration Dist. No. 291
Village or City St. Michaels  Length of residence in city or town where death occurred yrs 2 mm	No. St. Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mary a. Haddaway	osds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. UMLANTAL (Usual place of shode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married, widowed, or divorced	21. DATE OF DEATHY  (Month)  (Day)  (Yyar)
HUSBAND of John W. Haddaway	22. Janu 1 HEREBY CERTIFY That I attended deceased from 1937, to Janu 5, 1937
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I day, hrs  or min.	to have occurred on the date stated above, at 1030 p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House work  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and a contribution).	Eretral homorhage Jeas
work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	Other Contributary Causes of importance;
12. BIRTHPLACE (city or town) Plantl (State or country) Talbot to . md	arteris selerosis
13. NAME Dengamin of Jones  14. BIRTHPLACE (city or town) Lornerset Co (State or country)  MA	Nama of operation Data of Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marget Larringe  16. BIRTHPLACE (city or town) Meantt  (State or country) Ma  17. INFORMANT John W. Haddaway	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Hearth and Date Jan 7, 1937	Manner of injury
19. UNDERTAKER MEWNAM & Tharrow (Address) St. Michaely Md.	24. Was disease or Injury in any way related to occupation of deceased? 250
20. FILED free 6 , 1901 John Huwalls	(Signed) M. D. (Address) St. Michaels M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FFB A 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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17. INFORMANT

t9. UNOERTAKER

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

OCCUPA-

1. PLACE OF DEATH  County Falkat  Village of Castra	Registration Dist. No. 290  Registration Dist. No. 290  No. o mergency   No. pital   St., Ward   St., Ward   St.   Ward   Wa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  Black  5. SINGLE, MARRIED, WtOOWED, OR DIVORCED swrite the word)  5e. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oeys  If LESS than 1 dey,hrs ormin.  8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west dona, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spend in this corporation	21. DATE OF DEATH  (Month)  (Oey)  (Yeer)  22. I HEREBY CERTIFY. Thet I ettended deceased from 19.37, 10. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7
year) occupetion the	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	.,
13. NAME Wikious)	1
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or equntry)	Accident, suicide, or homicide? Data of Injury, 19

If more blanks are needed, address State Registrar, 241x No Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify

(Signed)

(Specify city or town, county and State)
Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, who had no occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF DEATH	
County Talbox	Registration Dist. No. 29/
Village or City Bozman	No. St., Ward
Length of residence In city or town where death occurredyrs	osds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cordelia & Kemps	
(a) Residence: No. 11 Michael Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Consider the word of the word	21. DATE OF DEATH aug 25, 193 7 (Month) (Day) (Year)
Me. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles a Kemp	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Qua 18 1866	I lest sew h L alive on Jan 125, 1937; deeth is said
7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the date steted spove, et
8 Trade profession or particular	Peretral hemorrhage Jan 19.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at his coccupied (Alash and	(Right-)
10. Date deceased last worked at this occupetion (peopth and yeer) 11. Total time (years) spent in this occupetion occupetion	
12. BIRTHPLACE (city or town) (State or country)  New. Jersey	Other Coutributory Causes of Importance:  Cutterio scleroses +
13. NAME John J. Harrison	h hostone
13. NAME John V. Marison  14. BIRTHPLACE (city or town) Jalbot Co (Stete or country)	Neme of operation None Dete of M
	What test confirmed diegnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT . Harrison Rengel  (Address) Easton and	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It michaele Date Jan, 28, 1937	Menner of injury
19. UNDERTAKER Mewnam & Harrisan (Address) St. michaela mar.	24. Wes disease or injury In eny way related to occupetion of deceased? To
20, FILED tan 27, 1937 John Hurvales	(Signed) At Hope M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

205

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
d.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

18°E

V. S. No. 1

	-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Ď	ENT RECORD. Ev F. L. Y. PHYSICIA ed. Exact statem
FOR BINDIN	S IS A PERMANI stated E X A C properly classifi certificate.
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PEH mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
RGI	.Y, WITH ONFA carefully supplied CH in plain terms, ortant. See instru
1	WRITE PLAINI nation should be SAUSE OF DEAT

STATE OF MARYLA	ID—CERTIFICATE OF DEATH 806
1. PLACE OF DEATH	95.E)
County Vallo	Registration Dist. No. <u>49</u>
Village or City 120 men	NDSt.,Ward
Length of residence in city or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. 7.2 ds How long in U.S. if of foreign birth?
2. FULL NAME James of Laur	
A TOLL MAINE	
(a) Residence: No. Boy man (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIL	
male white OR DIVORCED (write the	1/4/1/0 /4 / 100 /
5e. If marriad, widowad, or divorced HUSBAND of	. (1001)
(or) WIFE of Margaret of James	22.   I HEREBY CERTIFY, That I ettanded deceased from
DITT OF NOV	3 ,193 /, 10 /5 ,193 /
6. DATE OF BIRTH (month, day, and yaar) Secy 18-18 7. AGE Years Months Days If LE	
76 0 99 1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Trade profession or particular	min. Ware as follows: Date of oneet
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaasad last workad at his occupation (month and	Gardes Receal design alm)
9. Industry or business in which	2-2-
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date dacaasad last workad at this occupation (month and year) 11. Total tima (years spent in this occupation)	Jo
) Joan Joseph Occupation 273	Dther Cautributery Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	f f
	lyperleusia 434
17-18- = P.D	
(State or country)	Name of operation
	Whet test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
wm ToTa	Whera did injury occur? (Specify city or town, county and State)
(Addrass)	Specify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 126 man Dete Jaw 17	19.82 Natura of internal
INDEPTANED MELATINAS & TEAM	24. Was disease or injury in any way related to occupation of decaasad?
19. UNDERTAKER (Address)	If so, spacify Af spacify A
20, FILED San 16 1937 John Howwales	(Signed) Long It selle M.D.
	istrar. (Address) Wallier Lead
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

GARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIL OF	MARYLAND—	CERTIFICATE OF DEATH 8	Ui
1 11 1.		53.8	/
obolity	************	Registration Dist. No. 29	
Village or City Boyman	about (1	No. St., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death oc		s. C ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Margaret	F. Larrim	re	
(a) Residence: No. Boy ma		St., Ward.	
PERSONAL AND STATISTICAL	Usual place of abode)	If nonresident give city or town as	nd State
	IGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Lemale white OR	DIVORCED (write the word)	There !	193. 7
5a. If married, widowed, or divorced	rmovee	(Month) (Day)	(Year)
HUSBAND of James of Jan	711111111111111111111111111111111111111	22. I HEREBY CERTIFY That I attende	d deceased from
	10/10/	193 0 to yan	19.3.2
6. DATE OF BIRTH (month, dey, end year)  7. AGE Yeers Months	Devs If LESS than	i last law harman alive on 1974	_; deeth is said
60 9	1 day,hrs.	to have occurred on the date stated above, the PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Trade profession or particular	ormin.	were as follows:	Date of onset
kind of work done, es SPINNER. How SAWYER, BDOKKEEPER, etc.	ae work	- Corracion	3/2-
9. Industry or business in which		The state of the s	070
work was done, es SILK MILL, SAW MILL, BANK, etc	~~~~~		
	11. Total time (years) spent in this		
7	occupation	Dther Contributory Comes of importance:	
12. BIRTHPLACE (city or town) allow (State or country)	mu	Lund	
1 00	7,000	Cachinga	6 2200
E Ton A	queon		
14. BIRTHE-ACE (city or town) (Stete or country)	1 3	Neme of operation	
		What test confirmed diagnosis? Was there an	
II /_ /	· ~ ·	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homickle? Date of injury	, 19
man. 7 7.		Where did injury occur? (Specify city or town, county and St	ale)
17. INFORMANT // C. Caurur (Address)	mac.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury	
Place Bos man md Date	Jan, 3 ,1937	Nature of injury	
Marine Marine & A.	Larriand	24. Was disease or injury in any wey releted to occupation of deceased?	in
19. UNDERTAKER Working P (CAddiess)	rela, md.	If so, specify	26-76
20. FILED & 1927 bohn H	remaral.	(Signed) Lynn H Xette	
Zo. Fileby	Registrar.	(Address) With war la	d
If more blanks a	re needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago COLUMN TO LES SI Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

3.

5a.

7.

OCCUPATION

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 808
1. PLACE OF DEATH	my Dr lists
County & Talbert	Registration Dist. No. 290
Village or City Mear Paston	No. 11 Oulsealo: St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth?yrsmosds.
91	
2. FULL NAME Money Money	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Tesuale Of the second of the sec	21. DATE OF DEATH  (Month) (Day) (Page)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles of Charl	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1964	1937 , to
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date decased last worked at this occupation (month and speak in this propagation (month and speak in this security in the security in t	wera as follows:  Deta of openet  1/2/3-7
SAW MILL, BANK, etc  1D. Date decaased last worked at this occupation (month and year)	Dither Centributery Canses of importance:
t2. BIRTHPLACE (city or town)(State or country)	Direct Contributory Canses of (injustrance;
13. NAME Cerellinus Coppen	
13. NAME LETSLES LESS LESS LESS LESS LESS LESS	Name of operation
E 15. MAIDEN NAME TURNES	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Lucip Moraney (Address) Earlier Total	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cappersurille Date / / 1936	Manner of injury
19. UNDERTAKER Same & C. Donger (Address) Zaston (Mag)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1/7 19.37 Deriles	(Signed) - Cuffy M. D. (Address)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUNEAU 1. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A .	STATE OF MARYLAND	CERTIFICATE OF DEATH 809
yPA.	1. PLACE OF DEATH	Tr Most.
000	County Callot	Registration Dist. No. 292
of OCC	Village or City Trans Trophy Just	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
r S	Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
statement	2. FULL NAME ottee / tobarto	If U. S. Veteran, specify WAR
rh vsicians	(a) Residence: ND.	St., Ward.
st	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Tagr)
A A C F L classified.	5a. If marriad, widowed, or divorced HUSBAND of	
A C	(or) WIFE of walter Morres	22. 1 HER BY CERTIFY That I attended deceased from
	12/14/1990	I last saw h & aliva on and 18 A 1937 death is said
stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data states above, at 3 a m.
stated E properly ertificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance
sta pro cert	8 Trede profession or particular	ware as follows:
be of	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oakdiac Ole mengalin 2008.
may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
	SAW MILL, BANK, etc.	
40	10. Date deceased last worked at this occupation (month and yaar)	
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
s, s	(State or country)	Cleute sufocardilos De 2436,
supplied n terms, ee instr	# 13. NAME lever Thomas	()
illy supplied plain terms, . See instru	14. BIRTHPLACE (city or town)	Nama of operation Deta of
ly :	(Stata or country)	What test confirmed diagnosis? Was thara an autopsy?
eful in p	15. MAIDEN NAME CLEENIA O PLEATON	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of Injury, 19
be c	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	17, INFORMANT Walliam / Tologo (Addrass) Saylor Ind	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
F-1	Place to store mid Date 122 , 19 37	Natura of Injury
mation s CAUSE TION is	19 UNDERTAKER Januar Company	24. Was disaase or injusy in any way releted to occupetion of deceased?
HOH	(Apprass) Laston Field	If so, specify Q
	20. FILED Jun 20 1937 Joseth allors	(Signed) M. D.
The state of the s	20. FILED Registrar.	(Address) Jule med
	If more blanks are needed, address State Revistrar.	24TT N. Charles Street Ballimore, Requesting T. S. No. T.

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Arteriosclerosis .		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2 1027	1921	Run over by street car	1. week ago
Cerebral hemorrhage	0 1001	July 5,1927	Peritonitis	3 days ago
\$ 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1	EAU V. S	5. 1		
1	CARDONAL CONTRACTOR			-
Other contributory causes of import	ance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				in-diltar

A.	STATE OF MAI	RYLAND-	CERTIFICATE OF DEATH	
state UPA-	1. PLACE OF DEATH		108	
OCC	County Talkot		Registration Dist. No. 290	
اا	Village or City Esston 7110	_	No.	Ward
9 1	4017		death occurred in a hospital or institution, give its NAME instead of street and number	
N.N.S ent	Length of residence in city or town where death occurred	yrsmos.	ds. How long In U.S. if of foraign birth?yrsmos	ds.
CIANS	.02. FULL NAME to deflue	Sprans	If U. S. Veteran, specify WAR	
PHYSICIANS act statement	(a) Residence: No.		St., Ward.  If nonresident give city or lown and State	
E t	PERSONAL AND STATISTICAL PAR	TICHLARS	MEDICAL CERTIFICATE OF DEATH	-
×		ARRIED, WIDOWED,	21. DATE OF DEATH	
LY.		CED (write the word)	/ // 193	7
TL ed.	5a If marria widows nor divorced	med	(Month) (Day)	(Yaar)
A Cassif	5a. If married widoward or divorced HUSBAND (or) WIFE of	e and	22. I HEREBY CERT1FY, Thet I attanded decea	
	6. DATE OF BIRTH (month, day, and year)	4,	I last saw h aliva on	
- 4	7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, a	
stated proper	657 10 19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as pollows:	
	8. Trade, profession, or particular	1	Mennina lopar Ja	a of onsat
be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	eurfran	left. lover	
may back	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.			
	SAW MILL, BANK, etc	al tima (years)		
C+ F-3	O this occupetion (month end.	spent In this		
pplied. AGE erms, so that instructions o			Other Cantributary Causes of Importance:	
so ucti	12. BIRTHPLACE (city or town)	v=v===================================		
lied ms,	II 13, NAME Seremials			
illy supplied plain terms, . See instru	E	A	Name of operation Date of	
sin to See	(State or country)	<i>f</i>	What tast confirmed diagnosis? Phuse C. Was there an autopi	w )to
ull pla	15. MAIDEN NAME	Bell	23. If death was due to externel causes (VIOLENCE) fill in elso the following:	,,
be carefully EATH in pla important.	I	1	Accident, sulcide, or homicide? Date of injury	19
hould be cal OF DEATH very import	16. BIRTHPLACE (city or town) (State or country)	1	Whare did injury occur?	
be EA imp	17. INFORMATO Stable St. 18	au_	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
should OF D	(Addrass) Easton has	1		
	18. BURIAL, CREMATION, OR REMOVAL	1.5	Manner of injury	
	Place Date Date	, 19.3.	Natura of Injury	
mation S CAUSE TION is	19. UNDERTAKED ALL COMPANY	ett.	24. Was diceasa or injury In any way related to occupation of deceased?	
FOH	(Address) Eagle of Type		If so, specify	
-6	20, FILED 1/12 1937 27 A. 1/e	1011	(Signed)	M. D.
6 1	or the state of th	Krister	(Address) Description	

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		,	

BINDING

FOR

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	<u> </u>		
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Village or City Taxon Cofford	No. St., Wa  (If death occurred in a hospital or institution, give its NAME instead of street and number)
4. 41	osds. How long in U.S. if of foreign birth?mos  Leville If U.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Control of Contr	1 HEREBY CERTIFY, That I attended deceased from 1976, to 1972 28, 1936
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE Yeers Months Deys If LESS then 1 day,hr	to heve occurred on the date steted above, et
8 Trade profession or perticular	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:  Date of one  Date of one
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed lest worked at 11, Total time (years)	
this occupetion (month and yeer) spent in this occupetion 42 cocupetion	Other Cantribatory Canses of importance:
(State of country)	
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	Neme of operation mone  Whet test confirmed diegnosis? X— (ay Wes there en autopsy?)
15. MAIDEN NAME Many Eller Jewell	23. if death wes due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Contract Second	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Date / 4/36, 19	Menner of injury
19. UNDERTAKER AMAGE OF THE STATE OF THE STA	24. Wes disease or injury in any way releted to occupetion of deceased?
20. FILED Jan 20, 1938 Joy Car Con Registrar.	(Signed) Walhacus Maurior M

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9 3007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE	OF	MARYLAND-CERTIFICA	TF	OF	DEATH
SIAIL	OI	MAKILAND CLIMINION	I have		DEMILI

1. PLACE OF DEATH	(31)
County Jalbot	Registration Dist. No. 291
Village or City St. Michaels	NoSt. Ward
(II	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. At Michaels m	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If mairiad, widowed, or divorced HUSBAND of	
(Or) WIFE OF Jerry Walter of lewant	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afent 4 1860	I last saw her aliva on Jack 3 1937; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the data stated above, at
76 64 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and a spent in this spent in this	01 00 -
9. Industry or business in which	Monie / Churches 3453
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and pear) spent in this occupation (accupation occupation)	
Easton	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  (State or country)	Peter and Peter
1- 4-0	mony sensor
I Tollet Pa	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) England (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT John Stewart	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cay at Wat, Md.  18. BURIAL, CREMATION, OR REMOVAL	
Place Easton Ind Date Fib 2 ,1937	Manner of Injury
10 HADESTANES MELLERAM & Harrison	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER / Whater / W. (Addiess)	If so, specify
The and have for	(Signed) A. H. Hole M. D.
20. FILED THE 1921 POPUN THE REGISTRAT.	(Address) DY Michaelo Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	(i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPFAU V. S.	The same of the sa		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy 8 A	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 1001 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 days ago	
		038139714		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

County  Village Dr City  Village Dr City  Village Dr City  Village Dr City  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Ward.  If U. S. Veteran, specify WAR.  (a) Residence: ND.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (curric the word)  Sa. If married, widowed, or divorced (or) Wife of (or) Wife or) Wife of (or) Wife of (or) Wife of (or) Wife of (or) Wife or) Wife or (or) Wife of (or) Wife of (or) Wife or) Wife or (or) Wife	)
Village Dr City  Village Dr Course Name and State  Village Dr City  Villag	*
Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred.  Langth of residence in city or town where death occurred in the specify WAR.  Langth of residence in city or town where death occurred in u. S. If of foreign birth?  Langth of residence in city or town where death occurred in u. S. If of foreign birth?  Langth of residence in city or town where death occurred in u. S. If of foreign birth?  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city or town and State where.  Langth of residence in city	0
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  (Wonth)  (Day)  (Wonth)  (Day)  (Wonth)  (Wonth)  (Day)  (Wonth)  (Wont	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (varie the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (	ds.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIF	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (o	
OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than 1 day, hrs. or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  Dther Contributory Causes of importance:	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Start Levison 2002 196 198 198 198 198 198 198 198 198 198 198	Z
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  1 day, hrs. or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  Date of BIRTH (month, day, and year)  I last sew he alive on 12 1957; death to have occurred on the date stated abova, at 11 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of BIRTH (month, day, and year)  1 last sew he alive on 12 1957; death to have occurred on the date stated abova, at 12 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of BIRTH (month, day, and year)  1 last sew he alive on 12 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of BIRTH (month, day, and year)  Date of B	
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	d from
7. AGE Yaars Months Days If LESS than 1 day, hrs. or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  11. Total time (years) spent in this occupation Dther Centributery Causes of importance:	is said
Note that the second less worked at this occupation (month and year)  11. Total time (years)  Spent in this occupation (month and year)  Date of DEATH and tested classes of importance:  Were as follows:  Settle 91. Industry or Death and tested classes of importance in this occupation or min.  Were as follows:  Settle 91. Industry or Death and tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min.  Date of DEATH and Tested classes of importance in this occupation or min	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  Dther Contributory Causes of importance:	danas t
year)	eof
year) Tolk 2 36 occupation Dther Contributory Causes of importance:	
year) Tolk 2 36 occupation Dther Contributory Causes of importance:	
year)	
12 DIDTUDI ACC (aity or faum)	
12. BIRTHPLACE (city or town) (Stata or country)	
I 13. NAME Newsy Price	
13. NAME VIVAL Name of operation Date of State of Contract Contrac	
(State or country) Whet test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME 23. If death wes due to externel causes (VIDL ENCE) fill In also the following:	
15. MAIDEN NAME  23. If death wes due to externel causes (VIDL ENCE) fill In also the following:  Accident, suicide, or homicide?	
Where did injury occur?	
(Specify city or town, county and State)  17. INFDRMANT (Address)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Mannar of injury	
Place Rew Chapel Data / 1937 Nature of injury	
19. UNDERTAKER au C. L. 24. Was disease or injury in eny wey related to occupetion of decaased?	
20. FILED 1/15 19:37 M.J. Merry (Signed) Haypard d. William	J. D
Registrar. (Address) - f. b. 3.3. A South M. Lleg VO. M.,  If more blanks are needed, address State Registrar, 242x N. Charles Street, Baltimore, Requesting V. S. No. z.	14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example I		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFP 6 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	-CERT	IFICATE	OF	DEAT
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0	1	(1	
-	_A		

(If death occurred in the state of the state	Registration Dist. No. 29
2. FULL NAME James Wilson	nergence Hospital St., Wan a holbital or insignation, give in NAME instead of street and number)
10 + 101 ml PIN 12 - a	How long in U.S. If of foreign birth?yrsmos
(a) Residence: No. Ventualle // d. // # 3 St., (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black OR DIVORCED (write the word)	OF DEATH January 29, 1937 (Month) (Day) (Year)
HUSBANO of Cor) Wentietta Wilson 22. Jan.	1 HEREBY CERTIFY, That I attended decaased for 26 1931, to Jan. 29 193
DATE OF BIRTH (month, day, and year)	elive on Jan 29 , 1937; death is
	red on tha date stated abova, at Lois Qim.  AL CAUSE OF DEATH and ralatad causas of Importance ws:  Oate olon
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	5-74. RT Les 1-26
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Oate deceased last worked at this occupation (month and	Sangrand Rt Ray 1:27
year) occupation	oting was hossicilale Iwite.
2. BIRTHPLACE (city or town)	butory Causes of Importance:
(Stata or country), Mac	1.18.
13. NAME Tolery Wilson	
13. NAME John Wilson  14. BIRTHPLACE (city or town)  (State or country)  What test con	100 6
Vital test com	infirmed diagnosis? Wes there an autopsy?
25. 11 dadin wa	eide or homicide? Deta of injury 1 76 19 3
(State or country) Where did inju	jury occur? Near Centerville my
7. INFORMANT Accepted Wilson Specify wheth	(Specify city or town, county and State) her Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE,
8. BURIAL, CREMATION, OR REMOVAL Place Constrict Oate Jan 31, 19 Nature of inju	2 5 / 5 - 10
9. UNOERTAKER DAULON 13 12 24. Was disaes	se or injury in eny way related to opcupation of decaased?
(Addrass) Cellerelle XIII If so, specify 20, FILEO 1/2 9 19 37 No. 1 (Signed)	/hallouge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis FFB 6 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 814
1. PLACE OF DEATH	93-20
County / alliat "	Registration Dist. No. 290
Village or City Easton R. A. D.	No. # St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Milliam & wilnow	If U. S. Veteran, specify WAR
(a) Residence: No. I may burn and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Amount 193 7 (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Colla m Wilson	22.   HEREBY CERTIFY That I attended deceased from 30, 19.37
6. DATE OF BIRTH (month, dey, end year) Why, 21 1870	Flast saw here alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
10 /2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8. Trede, profession, or particular	Chronis 1 2/21/35
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Myseakdelis
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	·
SAW MILL, BANK, etc	
this occupation (month end)	
In Ilawa	Other Coutributary Causes of Importance:
12. BIRTHPLACE (city or town) / Word water (State or country)	
13, NAME Hilliam / Wilson	
14. BIRTHPLACE (city or town) I reputation	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Mooher	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME May Shoofey  16. BIRTHPLACE (city or town) Thoughton	Accident, suicide, or homicide? Dete of Injury, 19
State or country)	Where did Injury occur?
17. INFORMAN Of So Ella Julian mal	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2nd	Manner of injury
Place Twoy lever ban Date to le 3 , 19,37	Nature of Injury
19. UNDERTAKER James & Stewart	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Salisling and	If so, specify
20. FILED. 2-1, 19.37 MM. Meins Registrar.	(Signed) full May M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T		1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FER 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year